

Dental Plan Comparison *(except Local 30 Dental Plans)*

The following chart provides a comparison of the services covered under each dental plan as well as the benefit coverage levels. Any procedure not specifically listed as a covered service is subject to be available on a fee for service basis. In addition, there may be limitations on some of the covered services. For detailed information, you may request a brochure regarding your dental benefits from the Human Resources Service Center at **1-877-4KP-HRSC (1-877-457-4772)**, or you may contact the dental carrier directly. **Plan eligibility is based on your employee group when you were actively employed.**

Benefit	Delta Dental <i>(also called Delta Dental PPO)</i> <i>(3-year Waiting Period¹)</i>	Delta Dental <i>(also called DeltaDental PPO)</i> <i>(2-year Waiting Period²)</i>	DeltaCare® USA <i>(formerly called PMI)</i>	Safeguard <i>(a MetLife company)</i>	United Concordia
Diagnostic and Preventive ° Prophylaxis With or Without Fluoride	Covered at 100% (twice every calendar year)	Covered at 100% (twice every calendar year)	Covered at 100% (once every six months)	Covered at 100% (once every six months). Fluoride treatment once every six months to age 18	Covered at 100% (once every six months)
° Genetic testing for susceptibility to oral disease	Not covered	Not covered	Not covered	Not covered	Covered at 100%
° External bleaching	Not covered	Not covered	Not covered	Not covered	Employee pays \$125 per arch
° Bite Wings X-Rays	Covered at 100% (twice every calendar year)	Covered at 100% (twice every calendar year)	Covered at 100% (once every six months)	Covered at 100% (as diagnostically necessary)	Covered at 100% (three sets of bite wing X-rays every calendar year) ⁴
° Full Mouth X-Rays	Covered at 100% (once every three years)	Covered at 100% (once every three years)	Covered at 100% (once every two years)	Covered at 100% (as diagnostically necessary)	Covered at 100% (once every three years)
Basic Benefits ° Oral Surgery, Periodontics, Endodontics and Restorative Dentistry	Pays 70% of reasonable and customary charges	Pays 80% of reasonable and customary charges	Most services covered at 100% ³	Most services covered at 100% ³	Most services covered at 100% ³
Major Services ° Crown, Bridges and Cast Restorations	Pays 50% of reasonable and customary charges	Pays 50% of reasonable and customary charges	Most services covered at 100% ³	Most services covered at 100% ³	Most services covered at 100% ³
Calendar Year Maximum	\$1,200 ⁵	\$1,200 ⁵	None	None	None
Orthodontia	Covered at 50% up to a lifetime maximum of \$1,200 ⁵ per eligible individual. Limited to dependent children under age 19	Covered at 50% up to a lifetime maximum of \$1,250 per eligible individual. Limited to dependent children under age 19	Employee pays start-up fees plus \$1,000 for unmarried dependent children under age 19, and \$1,800 for adults including dependent children between age 19 and 25	Employee pays start up fees plus \$1,000	Employee pays start up fees plus \$1,500 for dependent children up to age 19, and \$2,000 for adults including dependent children between age 19 and 25
Choice of Dentist	You may select any licensed dentist in the world. However, to receive full benefits as indicated above, you must visit a participating member dentist or orthodontist of Delta	You may select any licensed dentist in the world. However, to receive full benefits as indicated above, you must visit a participating member dentist or orthodontist of Delta	You must select a dentist or dental group from a list of participating panel dentists	You must select a dentist or dental group from a list of participating panel dentists	You must select a dentist or dental group from a list of participating panel dentists
Emergency Dental Treatment	Emergency treatment may be performed by any licensed dentist in the world. The amount paid will be based upon procedures performed	Emergency treatment may be performed by any licensed dentist in the world. The amount paid will be based upon procedures performed	Maximum reimbursement of \$100 during each 12 calendar months. Benefit is payable only if services were rendered 35 miles or more from your DeltaCare® USA provider's office	Maximum reimbursement of \$50 per incident Benefit is payable only if services were rendered more than 25 miles from your Safeguard provider's office	Maximum reimbursement of \$50. Benefit is payable only if services were rendered more than 50 miles from your United Concordia provider's office

¹For all employees except those listed in (2) below.

²For employees represented by the Kaiser Permanente Association of Southern California Optometrists; Healthcare Professionals Chapter; and for Resident Physicians (no waiting period required for Resident Physicians).

³Copayments may apply for some services.

⁴Employees in the following groups: AFN; International Union of Operating Engineers, Local 501; Service Employees International Union, L121; UHW – Moreno Valley Community Hospital; UHW-West; International Brotherhood of Teamsters, Local 166; OPEIU, Local 30, including the CLC; UNAC-Union of Health Care Professionals; United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union; UFCW—Clinical Lab; UFCW, Bakersfield; UFCW, Pharmacy, UFCW Local 770 Kern County – Administrative, Psych Social Chapter, Kaiser Permanente Nurse Anesthetists Association of Southern California.

⁵For employees represented by AFN, International Union of Operating Engineers, Union of Health Care Professionals, and Psych Social Chapter, the calendar year maximum and orthodontia maximum are \$1,000 each.

O.P.E.I.U., Local 30 Dental Plans

The O.P.E.I.U., Local 30 Dental Plans consist of two separate dental plans: the Local 30 Basic Plan and the Local 30 Prepaid Dental Plan. All of these dental programs have exclusions and limitations. Coverage is subject to change during the collective bargaining process. For additional information about these plans, please contact the HR Service Center at 1-877-4KP-HRSC (1-877-457-4772) or call the O.P.E.I.U. Local 30 Dental Plans at 1-800-386-4350. **Plan eligibility is based on your employee group when you were actively employed.**

Benefit	Local 30 Prepaid Plan (United Concordia) (3-year waiting period)	Local 30 Basic ¹ Precertification is required when any service exceeds \$500 (3-year waiting period)
Dental Office	Select any dentist listed in the United Concordia directory	Use any dentist of your choice
Deductible	None	\$50 per person per calendar year
Annual Maximum	None	\$2,000 (Does not apply to children under 19)
Payment Method	Members copayment	Fee paid to dentist
Dental exam or x-ray	\$0 (three sets of bite wing X-rays every calendar year)	70% of table of allowance
Prophylaxis (cleaning)	\$0	70% of table of allowance
Fillings	\$0 or \$85 to \$140 for posterior resin fillings with ADA codes 2391-2394	60% of table of allowance
Crowns	\$25 to \$75 extra for precious metals	60% of table of allowance ²
Extractions and oral surgery	\$0	60% of table of allowance
Prosthetic appliances, including bridges and partial or complete dentures	\$50 - \$120 extra for precious metals	60% of table of allowance ³
Periodontal treatment	\$0 (must be referred by selected primary dental office)	60% of table of allowance ³
Orthodontics	Employee pays start up fees and retention fees plus \$1,500 for dependent children under age 19, and \$2,000 for adults and dependent children between age 19 and 25	Lifetime maximum of \$2,000. Covers children and adults (60% of initial banding, quarterly thereafter)

¹ If you elect to participate in the O.P.E.I.U., Local 30 Basic Dental Plan, your dental coinsurance percentage will be determined based on the amount of the contribution received from Kaiser Permanente divided by the O.P.E.I.U., Local 30 Trust contribution rate. Therefore, your coinsurance reimbursement may be less than 90% of the table allowance, and your annual deductible may be higher than the \$50 indicated.

² Preauthorization is required when services exceed \$500 for when gold is to be used.

³ Preauthorization is required when services exceed \$500. Precertification is required for prosthesis, periodontal, and root canal treatment.

Note: If you elect to enroll in the O.P.E.I.U. Local 30 Basic Dental Plans, coverage is available to your spouse and unmarried dependent children up to age 19, or up to age 26 if they are registered full-time students at an accredited school or university. Student certification is required. Same-sex spouses, domestic partners, your same-sex spouse's or domestic partner's children, or dependents of dependents are not eligible for coverage under the O.P.E.I.U. Local 30 Dental Plans.